## CALWORKS PROGRAM GUIDE Special Notice 06-27

#### MEDI-CAL PROGRAM GUIDE Special Notice 07-01

#### FOOD STAMP PROGRAM GUIDE <u>SPECIAL NOTICE</u> 06-25

SUBJECT

EXPANSION OF THE TRIBAL TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM

REFERENCE

All County Information Notice (ACIN) I-10-07
All County Information Notice (ACIN) I-01-07
Department of Social Services Letter, August 3, 2006
Manual of Policies and Procedures (MPP), Section 42-301
All County Letter (ACL) 06-23
CalWORKs Special Notices (SN) 98-13 and 98-59

**EFFECTIVE** 

**Upon Receipt** 

#### **PURPOSE**

The purpose of this Special Notice (SN) is to:

- Inform staff of the expansion of the Tribal Temporary Assistance for Needy Families (TANF) program to all Native Americans from a federally recognized tribe, living in San Diego County.
- Reinforce current policies regarding individuals who live on Indian reservations.
- Provide staff with instructions for determining aid for new applications and for transferring active CalWORKs to Tribal TANF and/or active Food Stamp cases to the Tribal Food Distribution Program.
- Provide staff with forms for communication between Health and Human Services Agency (HHSA) offices and Southern California Tribal Chairmen's Association (SCTCA).

#### **BACKGROUND**

- Both Federal and State legislation authorize
   Tribes to operate their own Tribal TANF assistance, food commodities and employment services programs.
- Effective April 1, 1998 (SN 98-13, 98-59) active CalWORKs families in San Diego County, who are Native Americans and living on Indian reservations, were discontinued

and transferred to receive Tribal TANF cash benefits from the SCTCA.

 SCTCA and HHSA have signed a Memorandum of Agreement on May 8, 2007 to implement these procedures for Tribal TANF.

#### **CHANGES**

- Effective June 1, 2006, eligible Native American families who live off the reservation and in San Diego County communities have the option to receive cash benefits from SCTCA or from HHSA, but not both at the same time.
- The SCTCA program now serves all eligible Native Americans, with verification of tribal membership from any federally recognized tribe in the United States, who live in San Diego County.
- San Diego County has identified approximately 60 Native American families who do not live on a reservation and receive CalWORKs from HHSA. Therefore, it is anticipated that there will be minimal impact to Family Resource Centers.

#### **DEFINITIONS**

- Tribal TANF: cash benefits received from the SCTCA for Native American families who reside on reservation lands (at least one family member must be a member of a federally recognized tribe).
- Urban Tribal TANF: cash benefits received from the SCTCA for Native American families (at least one family member must be a member of a federally recognized tribe) who reside off the reservation and in San Diego County communities.
- Food Distribution Program: food benefits received from the SCTCA for Native American families who reside on reservation lands.
- Federally Recognized Tribe: verification of being a member of any Native American Tribe, band, nation, or other organized group or community of Native Americans recognized as eligible for the services provided to Indians by the Secretary of the Interior because of their status as Native Americans.
- Tribal Verification: Letter of Enrollment/Descendent from a federally recognized Tribe or Letter of Enrollment/Descendent from California Indian Judgment Rolls.

## RECIPIENT NOTIFICATION

Native Americans who are currently receiving CalWORKs from HHSA will be mailed a notice that describes the expanded qualifications for Urban Tribal TANF and description of the Tribal TANF program (Attachment A).

#### APPLICATION AND INTAKE PROCEDURES

Native American heritage and residence on a San Diego County reservation is to be screened at time of application to determine if the applicant is to be served by HHSA or SCTCA programs.

The 17 San Diego County Reservations are:

| 1. Barona                   | 10. Pala         |
|-----------------------------|------------------|
| 2. Campo                    | 11. Pauma        |
| <ol><li>Cuyapaipe</li></ol> | 12. Rincon       |
| 4. Inaya-Cosmit             | 13. San Pascual  |
| 5. Jamul                    | 14. Santa Isabel |
| 6. La Jolla                 | 15. Los Coyotes  |
| 7. La Posta                 | 16. Sycuan       |
| 8. Manzanita                | 17. Viejas       |
|                             |                  |

| 9 | 1/1000 | Grande |
|---|--------|--------|
| ч | IVIESA | Grange |

| Process for  | An applicant/family lives on a San Diego County reservation, but does not belong to a federally recognized tribe: | An applicant/family lives on a San Diego County reservation, and does belong to a federally recognized tribe: | An applicant/family does not live on a San Diego County reservation, but does belong to a federally recognized tribe: |  |
|--|---|---|---|--|
| Applicant/family is screened for Native American heritage through the SAWS1.                                 | Yes   | Yes   | Yes   |  |
| Applicant/family receives Tribal TANF information (Attachment B) if the applicant/family is Native American. | N/A   | Yes   | Yes   |  |
| Applicant/family is served by:   | HHSA  | HHSA or SCTCA  (Applicant/family has option to be served by either program)                                   | (Applicant/family has option to be served by either program)  |  |
| Applicant completes SAWS1 and is scheduled an intake appointment for aid requested.                          | Yes   | Yes   | Yes   |  |
| Refer family to SCTCA N/A (Attachment B).  |   | Yes, If applicant opts to be served by SCTCA. No, if applicant  | Yes, If applicant opts to be served by SCTCA. No, if applicant  |  |

| opts | to be served | opts to be serv | /ed |
|------|--------------|-----------------|-----|
| by H | IHSA.        | by HHSA.        |     |

**Note:** State law allows all individuals to apply for assistance and all CalWORKs applications must be processed. Once Tribal TANF eligibility is determined and approved, CalWORKs is to be discontinued for the family without duplication of services.

#### ONGOING CASE PROCEDURES

Native American recipients who are receiving benefits from HHSA have the option of transferring their CalWORKs benefits to Tribal TANF at any time.

If a Native American recipient chooses to participate in Tribal TANF the Human Services Specialist (HSS) is to process the appropriate program discontinuance at client request.

#### CalWORKS HSS ACTIONS

The HSS is to complete the following actions to discontinue the CalWORKs program for Native Americans who choose to receive Tribal TANF:

| Step | Action   |  |  |  |  |  |
|------|--|--|--|--|--|--|
| 1    | Coordinate recipient's eligibility of Tribal TANF with SCTCA   |  |  |  |  |  |
|      | (see SCTCA Notification section below).  |  |  |  |  |  |
| 2    | Discontinue CalWORKs program in CalWIN.  |  |  |  |  |  |
| 3    | Complete <i>Transmittal to Transfer Families to/from CalWORKs/Tribal TANF</i> form 27-315 (Attachment C) and provide to SCTCA. |  |  |  |  |  |
| 4    | Notify SCTCA of discontinuance.  |  |  |  |  |  |
| 5    | Complete discontinuance by NOA deadline.   |  |  |  |  |  |
| 6    | Notify the Employment Case Manager of discontinuance, if recipient is active to Welfare to Work (WTW).                         |  |  |  |  |  |

#### MEDI-CAL REQUIREMENTS

CalWORKS recipients are categorically eligible to Medi-Cal under Section 1931(b). When a Native American recipient family chooses to receive cash benefits under Tribal TANF, the discontinued CalWORKS case will be converted to Aid Code 38. An evaluation for continuing Medi-Cal eligibility under Section 1931(b) or another Medi-Cal program shall be completed.

Refer to MPG Article 4, Section 16 for Intra-Program Transfer instructions.

http://hhsa intranet.co.san-diego.ca.us/manuals/mpg/a4/art4 sec16.pdf

## FOOD STAMP HSS ACTIONS

The Food Distribution Program through SCTCA is only available to families (at least one family member must belong to a federally recognized tribe) who reside on one of the 17 San Diego reservations.

In the event that a Native American family discontinues the Food Stamp program through HHSA to receive food commodities from SCTCA, the HSS is to complete the following actions:

| Step | Action   |
|------|--|
| 1    | Coordinate recipient's eligibility of food commodities with SCTCA (see |
|      | SCTCA section below).  |
| 2    | Discontinue Food Stamp program in CalWIN.                              |
| 3    | Notify the SCTCA of discontinuance.                                    |
| 4    | Complete discontinuance by NOA deadline.                               |

In the event a Native American family (who reside on or off the reservation, but live in San Diego County) closes their CalWORKs case and transfers assistance to Tribal TANF, the HSS is to complete the following actions to continue Food Stamps:

| Step | Action   |
|------|--|
| 1    | Coordinate recipient's CalWORKs discontinuance date.                               |
|      | Count the Tribal TANF as a cash aid grant in the Food Stamp budget as a PAFS case. |

#### EMPLOYMENT CASE MANAGER ACTIONS

Individuals receiving Tribal TANF from SCTCA are not eligible for Welfare to Work (WTW) services through HHSA.

Employment Case Managers (ECM) are to complete the following actions immediately upon receiving notification from a HSS that a recipient's CalWORKs will be discontinued due to transferring to Tribal TANF:

| Step | Action   |
|------|--|
| 1    | Coordinate the discontinuance date of Employment Services with the discontinuance of CalWORKs.   |
| 2    | Discontinue case management, direct services and Supportive Services payment, if any.  |
| 3    | Mail any Supportive Services discontinuance NOAs to the participant.   |
| 4    | If the participant is receiving Stage 1 child care services, send a 27-128 to discontinue child care effective the Employment Services/CalWORKs discontinuance date.   |
| 5    | If the participant is receiving Stage 2 or 3 child care services from an Alternate Payment Provider (APP), send a 27-128 to the APP notifying them that the jurisdiction for the participant has been transferred from CalWORKs to Tribal TANF effective the Employment Services/CalWORKs discontinuance date. |
| 6    | Complete a <i>Transfer of Employment Services Information to/from CalWORKs/Tribal TANF</i> form 27-316 (Attachment D). Include information on participant's current WTW plan.  |

| 7 | Send completed copy of 27-316 to:   |  |  |  |
|---|---|--|--|--|
|   | SCTCA – Urban Tribal TANF 350 E. Grand Avenue, Ste. 100 Escondido, CA 92025   |  |  |  |
|   | Office: 1-866-428-0901 (toll-free)<br>Fax: 760-747-4560   |  |  |  |
| 8 | Close the WTW case, change the Employment Services<br>Registration status, record narrative in Case Comments in<br>CalWIN and send closed case file(s) to record room |  |  |  |

For cases transferring from Tribal TANF to CalWORKs ECMs may request Employment Services information via the *Transfer of Employment Services Information to/from CalWORKs/Tribal TANF* form 27-316 by contacting the office listed above.

#### SCTCA NOTIFICATION

The HSS is to photocopy and attach copies of the following documents to a *Transmittal to/from Transfer Families to/from CalWORKs/Tribal TANF* form 27-315 (Attachment C):

- SSN Cards
- Birth Records
- Immunization records for children
- School attendance record for children (current)

If applicable, include copies as available of:

- Proof of UIB application or denial
- Proof of current income
- Proof of current property

For non-needy caretakers:

- Court documents regarding placement of child
- Letter of parental consent for placement, if no court order

Mail photocopied verification and transmittal form to the SCTCA office:

#### SCTCA - Urban Tribal TANF

350 E. Grand Avenue, Ste. 100 Escondido, CA 92025

Office: 1-866-428-0901 (toll-free)

Fax: 760-747-4560

## FINANCIAL SANCTIONS

HHSA and SCTCA benefit programs are administered with different rules and financial sanctions are not transferable from one program to another.

| If  | Then  |
|-----|---|
| , , | The sanction does not follow the recipient to SCTCA.        |
|     | The sanction imposed prior to transferring to SCTCA will be |

| Case transfers back to HHSA   | approval.  |
|---|--|
| <ul> <li>Case transfers to SCTCA prior to imposing a required CalWORKs sanction</li> <li>Case transfers back to HHSA</li> </ul> | The sanction that was to be imposed prior to CalWORKs discontinuance will be imposed at CalWORKs approval. |
| <ul> <li>Client is currently serving a financial sanction with SCTCA</li> <li>Case transfers to HHSA</li> </ul>                 | SCTCA sanction is not to be imposed to CalWORKs case upon approval.  |

# COORDINATION BETWEEN HHSA AND SCTCA

HHSA and SCTCA have agreed to exchange information when families transfer from the jurisdiction of HHSA to SCTCA and vice versa.

#### **Procedures for HHSA:**

During the application process and prior to granting CalWORKs, HHSA will contact SCTCA to avoid duplication of services.

If a family member in the assistance unit is identified as a Native American, HHSA contacts SCTCA to determine if the family is receiving Tribal TANF and/or Food Distribution Program.

Inquiry is made by HHSA to SCTCA.

#### SCTCA - Urban Tribal TANF

350 E. Grand Avenue, Ste. 100 Escondido, CA 92025

Office: 1-866-428-0901 (toll-free)

Fax: 760-747-4560

- SCTCA will advise HHSA if the applicant has an active status with Tribal TANF and/or Food Distribution Program.
- If the applicant is still active to Tribal TANF and/or Food Distribution Program, HHSA staff are to follow withdraw/discontinue procedures as appropriate.

#### **Procedures for SCTCA:**

During the application process and prior to granting Tribal TANF and/or Food Distribution Program, SCTCA will complete these steps to avoid duplication of services.

- SCTCA will clear new Tribal TANF and/or Food Distribution Program applicants in the CalWIN On-line Web Inquiry system to determine CalWORKs and/or Food Stamp status prior to issuing benefits.
- If applicant is on CalWORKs or Food Stamps, SCTCA will contact HHSA and give notice of the Tribal TANF application.

 Upon Tribal TANF approval, SCTCA completes a Transmittal to Transfer Families to CalWORKs/Tribal TANF form 27-315 and forwards to HHSA.

SCTCA will also contact HHSA at the time a Tribal TANF and/or Food Distribution Program case is being discontinued and transferred to HHSA.

- During the Tribal TANF and/or Food Distribution Program discontinuance, the SCTCA will contact and notify HHSA.
- SCTCA will coordinate discontinuances of Tribal TANF and/or Food Distribution Program (including Welfare to Work Supportive Services) with the granting of CalWORKs.
- SCTCA completes a Transmittal for Transfer of Employment Services Information to CalWORKs/Tribal TANF form 27-316 and sends to HHSA.

SCTCA will provide Strategic Planning and Operational Support Division (SPOS) a quarterly certification that active Tribal TANF cases are not active to CalWORKs to avoid duplication of services.

 SPOS will notify each region if a duplication of aid is discovered.

#### **TIME ON AID**

HHSA and SCTCA are required to ensure that TANF time limit requirements, in accordance with MPP, are met by tracking Time on Aid (TOA) in a TANF program.

- The 60-month lifetime limit applies to Native American Families who receive cash aid benefits from the CalWORKs and/or Tribal TANF programs.
- Current TOA procedures in CPG Section 15-100 will be followed for all TANF recipients. TOA is to be calculated at time of application, redetermination, and at client request.
- HHSA and SCTCA are required to provide number of aided months on Form 27-315 at the time TOA is calculated.
- HHSA is required to make appropriate updates to a recipient's TOA months in the Welfare Data Tracking Implementation Project (WDTIP)/Tracking Recipients Across California (TRAC) system.
- SCTCA will also indicate on the 27-315 whether or not the family was exempt from the 60-month clock for the months of aid received while living on the reservation due to high unemployment rates on the reservation.

#### MPP regulations state:

Reservation residents may be exempt from the 60-month clock for

months of aid received while living on the reservation if the unemployment rate for the reservation exceeds 50%. Any months in which CalWORKs is received while living off the reservation would count toward the 60-month clock.

San Diego Tribal Reservations that qualify for the TANF and CalWORKs 60-month time limit exemptions due to unemployment rate are: Inaja-Cosmit, La Posta, Los Coyotes, and Mesa Grande.

### FOOD STAMP

Tribal TANF is considered a cash aid grant the same as CalWORKs or General Relief and should be counted as Public Assistance income in the Food Stamp (PAFS) Program. Guidelines for the Food Distribution Program on Indian Reservations can be found in FSPG 63-166.

Currently when a CalWORKs (PAFS) case closes in CalWIN, it will automatically generate a Transitional Food Stamp (TFS) case. If the CalWORKs Program was closed due to the recipient receiving Tribal TANF the worker should close the TFS with timely notice and open PAFS (if requested) counting the Tribal TANF as a cash aid grant in the budget.

Instructions for terminating a TFS case can be found in the OLUM and in "How To" #305, page 8.

## CHILD CARE

As specified in the ECM procedures on page 5 of this Special Notice.

## FORMS IMPACT

- Transmittal to Transfer Families to/from CalWORKs/Tribal TANF form 27-315.
- Transmittal to/from Transfer of Employment Services Information to CalWORKs/Tribal TANF form 27-316.
- Both forms are available in iWAY and can be ordered through the stock clerk.

## AUTOMATION IMPACT

None

#### QA/QC IMPACT

Failure to follow the instructions in this SN will result in a Quality Assurance sited error.

#### ASSISTANT DEPUTY DIRECTOR

#### **JAYE YOSHONIS**

Assistant Deputy Director
CalWORKs Program
Strategic Planning & Operational Support

#### **DANN CRAWFORD**

**Assistant Deputy Director** 

Food Stamp, Medi-Cal, General Relief, & CAPI Program Administration

Strategic Planning & Operational Support

MANAGER CONTACT

CalWORKs Section

Food Stamp Section

Medi-Cal Section



JEAN M. SHEPARD DIRECTOR

DALE FLEMING DEPUTY DIRECTOR County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

ATEGIC PLANNING & OPERATIONAL SUPPORT DIVISION 1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101-2417

May 2007

#### **Attention: Native American Recipients**

The qualifications to receive Tribal Temporary Assistance for Needy Families (TANF) have changed. If you are receiving CalWORKs from the County of San Diego and are a member of a federally recognized Native American Tribe, you may qualify to receive Tribal TANF.

Tribal TANF is a federal and state funded program which provides cash aid assistance and supportive services to Native American families in need of temporary assistance. The Tribal TANF program was created by Native Americans, to meet the special needs of Native American families, with the flexibility to address and focus on a variety of cultural needs. The Tribal TANF program is voluntary and if you choose to receive Tribal TANF your CalWORKs case will close and your benefits will be transferred.

The eligibility requirements of Tribal TANF:

- Have a needy minor dependent child in the home (individuals expecting a child may be eligible in their third trimester of pregnancy)
- Be a member of a federally recognized tribe (only one member of the household must be Native American. Some tribes may recognize lineal decedents, Verification is Required)
- Be a resident of San Diego County
- Meet the federal poverty income guideline equal to or less than 135%
- Submit to substance abuse testing
- Non-Needy relative caretakers (i.e. grandparents, aunts, uncles.) may also apply for services if caring for a relative child and meeting the above criteria

#### Services that Tribal TANF offers:

- Cash Aid
- Educational Development
- Career Development
- Transportation
- Child Care
- Supportive Services
- Incentives

Please contact your Human Services Specialist to find out more about Tribal TANF. If you do not know your worker's name, address, or telephone number, please contact the Public Assistance Information line toll-free at (866) 262-9881 to ask for the Family Resource Center nearest you.

SN 06-27 Expansion of the Tribal Temporary Assistance for Needy Families (TANF) Program, Attachment A



HEALTH AND HUMAN SERVICES AGENCY

#### Tribal Temporary Assistance for Needy Families (TANF) Program:

Tribal TANF is a federal and state funded program, which provides cash aid assistance and supportive services to Native American families in need of temporary assistance.

The Tribal TANF program was created by Native Americans, to meet the special needs of Native American families and designed with the flexibility to address and focus on a variety of cultural needs. The Tribal TANF program is voluntary and if you choose to receive Tribal TANF your CalWORKS case will close and your benefits will be transferred.

The eligibility requirements of Tribal TANF:

- You, or a family member in the household must be a member of a federally recognized tribe (Letter of Enrollment/Descendent from a federally recognized Tribe or from the California Indian Judgment Rolls)
- • You must be a resident of San Diego
- • You must have a needy minor dependent child in your home
- • Meet the federal poverty income guideline
- • Submit to substance abuse testing

#### Services that Tribal TANF offers:

- Cash Aid
- • Educational Development
- Career Development
- Transportation
- Child Care
- Supportive Services
- Incentives

To apply for assistance, receive information, make an appointment or speak to a representative contact the SCTCA Tribal Office:

#### SCTCA - Tribal TANF

350 E. Grand Avenue, Ste. 100 Escondido, CA 92025 Office: 1-866-428-0901 (toll-free)

Fax: 760-747-4560

SN 06-27 Expansion of the Tribal Temporary Assistance for Needy Families (TANF) Program, Attachment B

TRANSMITTAL TO TRANSFER FAMILIES
TO / FROM
CalWORKs / TRIBAL TANF

| CASE |  |  |  |
|------|--|--|--|
| NAME |  |  |  |

| TRIBAL MEMBERSHIP           |                          |           |    |   |                              | _      |
|-----------------------------|--------------------------|-----------|----|---|------------------------------|--------|
| CLIENT ADDRESS              |                          |           |    |   |                              | _      |
| CLIENT PHONE                |                          |           |    |   |                              |        |
| BEGINNING DATE              |                          |           | ζs | / TI                                      | RIBAL                        | TANF   |
| ENDING DATE (               | )F                       | CalWORKs  |    | / TR                                      | IBAL                         | TANF   |
| EXEMPT FROM 60 MONTH T      | IME LIM                  | ——<br>ИТ? |    | YES                                       |                              |        |
| BEGINNING DATE EXE          | EMPTED                   | FROM      | 60 | ) MONTH                                   | TIME                         | LIMIT  |
| ENDING DATE EXEM            | PTED                     | FROM      | 60 | MONTH                                     | TIME                         | LIMIT  |
| HOUSEHOLD<br>(LIST MEMBERS) | CalWO<br>(CHEC<br>RECEIV | K IF AID  |    | MEDI-CAL<br>(CHECK IF<br>AID<br>RECEIVED) | FOOD ST<br>(CHECK<br>RECEIVE | IF AID |
|                             |                          |           |    |   |                              |        |
|                             |                          |           |    |   |                              |        |
|                             |                          |           |    |   |                              |        |
|                             |                          |           |    |   |                              |        |
|                             |                          |           |    |   |                              |        |
|                             |                          |           |    |   |                              |        |
|                             |                          |           |    |   |                              |        |

#### CHECK OFF EACH ITEM AS COMPLETED:

|   | TO TRIBAL TANF   | TRANSFER FROM TRIBAL                           |  |  |  |
|---|--|--|--|--|--|
| TANF                                    | CASE DISCONTINUED DATE   | APPLICATION PROCESSED                          |  |  |  |
| DISCONTINUATION NOA SENT                |  | CALWORKS CASE OPENED                           |  |  |  |
|   | MEDI-CAL OPENED  | MEDI-CAL                                       |  |  |  |
| OPENED                                  |  |  |  |  |  |
|   | FOOD STAMPS OPENED   | FOOD STAMPS OPENED                             |  |  |  |
|   | LIST OF VERIFICATIO  | NS ATTACHED                                    |  |  |  |
| ( $$ if attached                        | d) Include all applicable veri   | ications listed below                          |  |  |  |
|   | SSN cards  |  |  |  |  |
|   | Birth records  |  |  |  |  |
|   | Immunization records   |  |  |  |  |
|   | School attendance records  |  |  |  |  |
|   | Proof of UIB application o   | r denial                                       |  |  |  |
|   | Proof of current income  |  |  |  |  |
|   | Proof of current property  |  |  |  |  |
|   | Court documents placing c  | hild with non-needy caretaker                  |  |  |  |
|   | Parental consent for placen  | nent of child with non-needy caretaker         |  |  |  |
| 27-315 HHS A<br>(2/10)<br>SN 06-27 Expa |  | or Needy Families (TANF) Program, Attachment C |  |  |  |
|   | TRANSMITTAL FOR T<br>EMPLOYMENT SERVICES<br>TO / FROM<br>CalWORKs / TRIB | S INFORMATION<br>M                             |  |  |  |
| CASE<br>NAME                            |  |  |  |  |  |

| TRIBAL<br>MEMBERSHII |           |          |               |   |        |      |
|----------------------|-----------|----------|---------------|---|--------|------|
| CLIENT               |           |          |               |   |        |      |
|                      |           |          |               |   |        |      |
| –<br>CLIENT<br>PHONE |           |          |               |   |        |      |
|                      |           |          | CalWORKs      |   | TRIBAL | TANF |
| ENDING               | DATE      | OF       | -<br>CalWORKs | / | TRIBAL | TANI |
| HOUSEHOLD            | MEMBERS   |          |               |   |        |      |
|                      |           |          |               |   |        |      |
| –<br>–<br>EDUCATION/ |           |          |               |   |        |      |
|                      | numino.   |          |               |   |        |      |
| EMPLOYMEN            | T-RELATED | ACTIVITI | ES:           |   |        |      |
|                      |           |          |               |   |        |      |
| –<br>OTHER INFOR     | RMATION:  |          |               |   |        |      |
|                      | - ·-      |          |               |   | -      |      |
| _                    |           |          |               |   |        |      |
|                      |           |          |               |   |        |      |

|          | OF MONTHS OF I             | DA DITICUDA TION                                     |
|----------|----------------------------|--|
| NUMBEK ( | OF MONTHS OF I             | PARTICIPATION:                                       |
|          | LIS                        | T OF VERIFICATIONS ATTACHED                          |
| (        | ( $\sqrt{\ }$ if attached) | Include all applicable verifications listed below    |
|          | WELFARE 7                  | TO WORK PLAN   |
|          | EDUCATIO                   | N/TRAINING VERIFICATIONS                             |
|          | EMPLOYMI                   | ENT RELATED ACTIVITY VERIFICATIONS                   |
|          | TIME LIMIT<br>OTHER (spe   | VERIFICATION/INFORMATION (12 month VTR limit) cify): |
|          | OTHER (spe                 | cify):   |

27-316 HHSA (05/07)

 $\begin{array}{c} (2/10) \\ \text{SN 06-27} & \text{Expansion of the Tribal Temporary Assistance for Needy Families (TANF) Program, Attachment D} \end{array}$